

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

BERNARD NO. **09/937991** | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2		I				
3		2				
4						
5		①				
6		②				
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TOTAL I.D.	1					
TOTAL DEP.	3	↓	↓	↓		
TOTAL CLAIMS	6	↓	↓	↓		

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.		↓	
TOTAL DEP.		↓	
TOTAL CLAIMS		↓	